



CalPERS Health Plan Enrollment Form

County of Placer

| Social Security Number: - - | | Employee number: _____ | | Date Stamp: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|------------------------------|--|--------------------------------|--|---------------------|----------------------------|--------|---|----------------------|--|--|--|-----|--|------------------------|------------------------------|------------------|--|--|------------------------------------|-----|--|--|----------------------|-----|--|--|----------------------|-----|--|
| Spouse's/Domestic Partner's Social Security Number: - - | | Job Title: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;">FirstMiddleLast</div> | | Daytime phone number: - - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Address: <div style="display: flex; justify-content: space-between;"><div>Resident Zip Code: <input style="width: 100px;" type="text"/> <small>(if using work location or different from mailing address)</small></div><div>PCP = Primary Care Physician Required only if enrolling/changing Blue Shield or Western Health Advantage</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;">Relationship</th><th style="width: 45%;">Name</th><th style="width: 15%;">Date of Birth</th><th style="width: 25%;">Action</th></tr></thead><tbody><tr><td rowspan="2">Self</td><td>First MI Last PCP</td><td>/ /</td><td><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled</td></tr><tr><td>First MI Last PCP</td><td>/ /</td><td><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled</td></tr><tr><td></td><td>First MI Last PCP</td><td>/ /</td><td><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled</td></tr><tr><td></td><td>First MI Last PCP</td><td>/ /</td><td><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled</td></tr><tr><td></td><td>First MI Last PCP</td><td>/ /</td><td><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled</td></tr><tr><td></td><td>First MI Last PCP</td><td>/ /</td><td><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled</td></tr></tbody></table> | | | | | Relationship | Name | Date of Birth | Action | Self | First MI Last PCP | / / | <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled | First MI Last PCP | / / | <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled | | First MI Last PCP | / / | <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled | | First MI Last PCP | / / | <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled | | First MI Last PCP | / / | <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled | | First MI Last PCP | / / | <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Currently enrolled |
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